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PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

Please type a plus sign (+) inside this box →

Attorney Docket No. 4015-858

First Inventor or Application Identifier Sourour

Title AMPLIFIER PHASE CHANGE COMPENSATION

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

Express Mail Label No. EL659733784US

| | | | | Assistant Commissioner for Patents | | | | |
|--|---|---|--|---|--|--|--|--|
| | See MF | APPLICATION ELEMENTS EP chapter 600 concerning utility patent application contents. | | Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231 | | | | |
| 1. 2. | (≀ ⊠ s | Fee Transmittal Form (e.g., PTO/SB/17) Submit an original and a duplicate for fee processing) specification [Total Pages 21] | 6. 7. | Microfiche Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) | | | | |
| | _ _ | oreferred arrangement set forth below) - Descriptive title to the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D | | a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies | | | | |
| | - | Reference to Microfiche Appendix Background of the Invention Reference to Microfiche Appendix | 8. | ACCOMPANYING APPLICATION PARTS Assignment Papers (cover sheet & document(s)) 37 C.F.R. § 3.73(b) Statement Power of Attorney | | | | |
| | _ | Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description | 9. | (when there is an assignee) English Translation Document (if applicable) | | | | |
| : | | Claim(s)Abstract of the Disclosure | 11. | Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations | | | | |
| 3. 4. | | Orawing(s) (35 U.S.C. 113) [Total Sheets 8] Oath or Declaration [Total Pages 4] ✓ Newly executed (original or copy) | 12. 13. | ☐ Preliminary Amendment ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | | | | |
| | b. [| Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] | 14. 15. | *Small Entity Statement filed in prior application, Statement(s) Status still proper and desired Certified Copy of Priority Document(s) | | | | |
| | i. | Signed statement attached deleting | 16. | (if foreign priority is claimed) Other: Express Mail Certification | | | | |
| | | inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | | | | | | |
| 5. Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the | | | *NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). | | | | | |
| | r | accompanying application and is hereby incorporated by eference therein. | | | | | | |
| 17 | 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary statement: Continuation Divisional Continuation-in-part (CIP) Of prior application No: Prior application information: Examiner: Group/Art Unit: | | | | | | | |
| | | 18. CORRESPO | NDENC | CE ADDRESS | | | | |
| Customer Number or Bar Code Label Inser Custorer To position bar code label here) Correspondence address below | | | | | | | | |
| N/ | NAME PATENT TRADEMARK OFFICE | | | | | | | |
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| | | PHON | | | | | | |
| Na | me (Print | Type) Michael D. Murøhy | | Registration No. (Attorney/Agent) 44,958 | | | | |
| | | 20: 1 1/13 1/13 | | -1/24/224 | | | | |

| PTO/SB/17 (2/98) Approved for use through 9/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | | | | | | |
|--|----------|----------------------|----------|--|--|--|--|
| FEE TRANS | | Complete if Known | | | | | |
| Patent fees are subject to annual revision on October 1 | | Application Number | TBA | | | | |
| These are the fees effective | | Filing Date | TBA | | | | |
| Small Entity payments must be suppor | | First Named Inventor | Sourour | | | | |
| otherwise large entity fees must be pa | | Examiner Name | TBA | | | | |
| See 37 C.F.R. §§ 1 | | Group Art Unit | ТВА | | | | |
| TOTAL AMOUNT OF PAYMENT | \$858.00 | Attorney Docket No. | 4015-858 | | | | |

| METHOD OF PAYMENT (check one) | | | | FEE CALCULATION (continued) | | | | | | | |
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| Account | 18-1 | 167 | | | | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | |
| Number | L | | | | | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee | |
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| Deposit | | 0 D | ennett. P | 21.0 | 1 | 139 | 130 | 139 | 130 | Non-English specification | |
| Account Name | COS | als or D | enneu, r | .E.L.O. | | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | \vdash |
| radine | <u> </u> | | | | _ | 112 | 920* | 112 | 920* | Requesting publication of SIR prior | |
| Charge / | Δην Δα | dditions | al | Charge the Issue Fee Set in | | 140 | 1 0 4 0 * | 113 | 1.840* | to Examiner action Requesting publication of SIR after | |
| Fee Required | i Unde | aunione er | 21 | 37 CFR §1.18 at the Mailing of the | | 113 | 1,840* | 113 | 1,040 | Examination action | |
| 37 CFR | | | .17 | Notice of Allowance | | 115 | 110 | 215 | 55 | Extension for reply within first month | |
| | | | | | | 116 | 380 | 216 | 190 | Extension for reply within second month | |
| 2 ⊠ P | aymer | nt Encl | osed: | | | 117 | 870 | 217 | 435 | Extension for reply within third month | |
| 2 ⊠ P | heck | L_ | _ | Money Order Othe | r | 118 | 1,360 | 218 | 680 | Extension for reply within fourth month | |
| 7.7 | | | FEE C | ALCULATION | | 128 | 1,850 | 228 | 925 | Extension for reply within fifth month | |
| 1 BASIC | FII IN | IG FF | F | | *** | 119 | 300 | 219 | 150 | Notice of Appeal | |
| 1 BASIC | | Small | Entity | | | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal | \vdash |
| Fee Fee | | Fee | Fee | Fee Description Fee Paid | | 121 | 260 | 221 | 130 | Request for oral hearing Petition to institute a public use proceeding | \vdash |
| Code (\$) | (| Code | (\$) | | _ | 138 140 | 1,510 110 | 138 240 | 1,510 55 | Petition to revive - unavoidable | |
| 101 69 | 90 | 201 | 345 | | 4 | 141 | 1,210 | 240 | 605 | Petition to revive - unintentional | |
| 106 31 | - | 206 | 155 | | 4 | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) | |
| 107 48 | | 207 | 240 | | ┥ | 143 | 430 | 243 | 215 | Design issue fee | |
| 108 76 | | 208 214 | 380 75 | Reissue filing fee Provisional filing fee | ┥ | 144 | 580 | 244 | 290 | Plant issue fee | |
| 114 | OU | 214 | 75 | · · · · · · · · · · · · · · · · · · · | ┪ | 1 | | 122 | 130 | Petitions to the Commissioner | |
| | | | | SUBTOTAL (1) \$710.00 | | 122 | 130 | 123 | 50 | Petitions related to provisional applications | |
| | | | | 1,000,000 | | 123 | 50 | | | • | |
| 2 EXTRA | CLA | AIM FE | ES | Fee from | | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt. | 10.00 |
| 2. EXTRA | | | E | Extra Claims below Fee Pa | id | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 |
| Total Claims | 20 | 6 | -20** | = 6 X 18 = 108.00 | | 146 | 760 | 246 | 380 | Filing a submission after final rejection | |
| Independent | _ | | -20 -3** | | _ | 1 | | | | (37 CFR 1.129(a)) | |
| Claims | ــــــــــــــــــــــــــــــــــــــ | | v | | | 149 | 760 | 249 | 380 | For each additional invention to be | |
| Multiple Dep | enden | t Claim | ıs | x = | | 1 | | | | examined (37 CFR 1.129(b)) | |
| ** or number | previo | ously p | aid, if gre | eater; For Reissues, see below | | | | | | • | |
| Large Enti | • | mall | Entity | | | Other f | ee (specify | A . | | | |
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| Code (\$) | | ode | (\$) | | | 045 | / | ۸ | | | |
| 103 18 | | 203 | 9 | Claims in excess of 20 | | Other | ee (specify | '' — | | 100 | L |
| 102 78 | | 202 | 39 | Independent claims in excess of 3 | | | | | | | |
| 104 26 | | 204 | 130 | Multiple dependent claim | | 1 | | | | | |
| 109 78 | 3 | 209 | 39 | **Reissue independent claims | | | | | | 011070741 (0) 044 | 200 |
| | | | | over original patent | | *Reduc | ed by Bas | ic Filing | Fee Paid | SUBTOTAL (3) \$40 | 0.00 |
| 110 18 | 3 | 210 | 9 | **Reissue claims in excess of 20 | | 1 | | | | | |
| 1. | | | | and over original patent | _ | | | | | | |
| | | | | SUBTOTAL (2) \$108.00 | | | | | | | |
| L | | | | | | | | | | | |

| SUBMITTED BY | | | Complete (if applicable) | |
|--------------------------|-------------------------|---------|--------------------------|---------|
| Typed or Printed Name | Michael D. Muphy | Re | eg. Number | 44,958 |
| Signature | Michael D Murphy Date o | 1 / - 1 | eposit Account ser ID | 18-1167 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.